

# Improving End-of-Life Care in First Nations Communities:

## Advance Care Planning

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# Research Goal

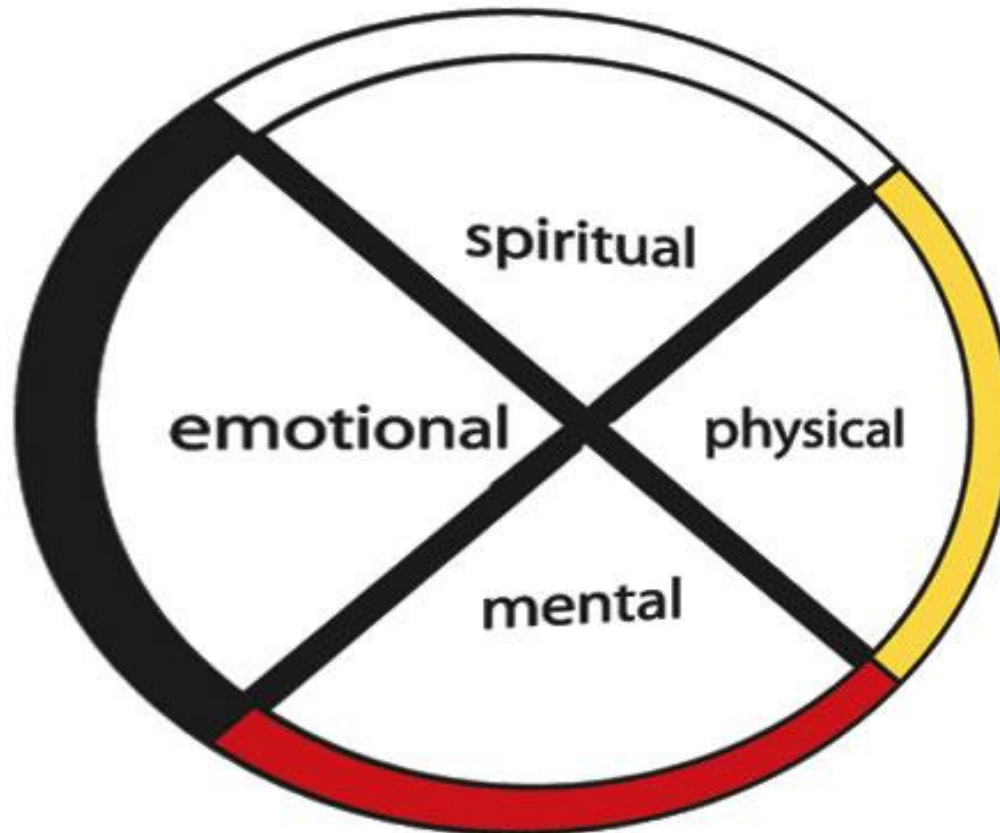
- To improve end-of-life care in four First Nations communities through ***developing local palliative care programs and teams***
- To create a ***tool kit for developing palliative care*** programs in First Nations communities that can be shared nationally

# Palliative Care

**Palliative care** is whole-person health care that aims to relieve suffering and improve the quality of living and dying.

CHPCA, 2008

# Holistic Care



# Canadian Hospice Palliative Care Association-Introduction

- <http://www.youtube.com/watch?v=2aOX9abJhio#t=24>

# Statistics

- 86% of Canadians have not heard of the term “advance care planning”
- Only 9% had ever spoken to a health care provider about their wishes for care or treatments
- Over 80% of Canadians do not have a written plan
- Only 46% have designated a substitute decision maker

Canadian Hospice Palliative Care Association, 2013

# What is Advance Care Planning (ACP)?

- A **process** of contemplation, reflection and communication where an individual conveys their wishes for treatment and their care needs
- The consideration of appointing a Substitute Decision Maker (SDM)
- Have these conversations with your SDM while you are CAPABLE

Ontario Seniors Secretariat, 2013



# Advance Care Planning

- Wishes may be expressed in any form (verbal, writing, audio, bliss board, braille, video tape)
- Written advance care planning documents include a Power of Attorney for Personal Care and/or Advance Directives
- A valuable way to ensure that your wishes for end-of-life treatment are followed

Ontario Seniors Secretariat, 2013

*“No it’s just an unexpected part of life that, I can be healthy and sit here today but I could be going home and get in an accident and then that accident can cause me to be brain dead. Do I want to be on life support brain dead? Well my doctor needs to know that. I don’t want no heroic thing done to me. So that’s what a living will is. It’s letting the doctor know that you don’t want heroics.”*

**Fort William Community Member**

# Why is ACP important?

- In Canada chronic disease accounts for 70% of all deaths and 70 % of people who die are 65 or older
- Research has shown that First Nation people have a higher prevalence to suffer from 2 or more chronic diseases
- If an individual wishes are known for treatment/care it can relieve or lessen the families, loved ones and health care practitioners stress, anxiety and guilt encompassing an individuals end-of-life care
- ACP assures that a health care practitioner always has someone to talk with about treatment decisions

Canadian Hospice Palliative Care Association, 2013

# Substitute Decision Makers (SDM)

- Is the person (s) who makes treatment decisions for an individual if they become incapable to make those decisions for themselves
- SDM's are to act in the best interest of the individual
- Must be capable, at least 16 years of age
- Not prohibited by court order
- Must be willing and available

Health Care Consent Act, 1996

# SDM Hierarchy

- Guardian of individual
- Attorney named in POAPC
- Representative appointed by the Consent and Capacity Board
- Partner or Spouse
- Child or Parent
- Parent with right of access
- Brother or Sister
- Any other relative
- Public Guardian or Trustee

# SDM:

- Act in the best interest of the individual
- Make decisions for present medical treatments based on the individuals prior expressed wishes
- If wishes are not known than decisions are based in the individuals best interest
- SDM cannot ACP for an individual

# SDM should consider:

- The individuals values and beliefs
- The individuals current wishes
- If the decisions will: improve the individuals quality of life, prevent the individuals quality of life from deteriorating, or reduce the extent or the rate that the individuals quality of life will deteriorate
- Or whether the risk out weighs the benefit to the individual

Substitute Decision Act, 1996

# Benefits of ACP

- Your holistic beliefs are respected
- Your wishes and choices for care are valued
- Having someone to speak for you in the event you are unable
- Lessons family members, loved ones, and caregivers stress, anxiety, and guilt about treatment and care
- Die with dignity



# Additional Comments

- Consider your Substitute Decision Maker
  - Completing an Advance Care Plan
    - Continued Communication

# References

- Canadian Hospice Palliative Care Association, 2013
- [Advancecareplanning.ca](http://advancecareplanning.ca), 2013
- Ontario Seniors' Secretariat, 2012

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